



California Hub and Spoke System (H&SS) SOR III Informational Webinar

November 3, 2022
Noon to 1 pm PT



Webinar Policies

PARTICIPATION

We welcome your participation through the methods outlined in the housekeeping introduction. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions.

CHAT

Participant comments in the chat box do not reflect the views or policies of the presenters, the California Department of Health Care Services (DHCS), or their affiliates or contractors. By using this chat box, you agree to keep your comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting, and users creating disruption may be removed without warning.

Questions



Please submit questions related to the SOR III application process via the chat box. We will respond to as many as possible at the end of the presentation.



If your question is not answered today, please send it to sor3ae@ahpnet.com and we will be happy to respond.



Thank you!

Today's Agenda



- Meet the Team
- SOR III Overview & Initiative
- SOR III Opportunity
- Purpose
- Eligibility
- Activities
- Requirements
- Meet the Team
- Allowable Costs
- Reporting
- SurveyMonkey Apply Preview
- Budget
- Q & A

Meet the Team



Advocates for Human Potential, Inc.

The Administrative Entity for SOR III is Advocates for Human Potential, Inc. (AHP).

AHP has served as the AE for SOR II; as well as California Youth Opioid Response: Expanding MAT for Youth and Young Adults (YOR California); CA Behavioral Health Workforce Development (BHWD); Behavioral Health Continuum Infrastructure Project; and others.

AHP will be:

- Contracting with Hubs & Spokes
- Overseeing invoicing & payment
- Providing administrative technical assistance (TA)
- Monitoring data submission
- Contracting with several partners to provide training and TA, and support data collection and reporting requirements, i.e., GPRA



Kathleen West, DrPH

H&SS Advisor

- Kathleen is a senior program director for AHP with more than 30 years of experience working in behavioral health with veterans, drug courts, intergenerational trauma, and medication-assisted treatment (MAT).
- She is currently the Project Director for the Behavioral Health Workforce Development and former project director for the H&SS SOR II work with California's Department of Health Care Services, working to expand access to MAT for underserved populations across the state.



Geoff Henderson

H&SS Project Director

- Geoff is a senior program manager at AHP with more than 30 years of experience in addictions counseling.
- He is the former lead for Round 5 BHCIP grant.
- Geoff is former Vice President for a statewide addiction & behavioral health agency and provided administrative leadership and program development for all in-custody programming and post-release reentry for a CA county Sheriff's Department.
- Geoff served as associate professor in Human Services Drug Treatment & Mental Health Counseling Occupational Certificate program.



Susan DeSalvo

H&SS Deputy Director

- Susan is a senior program manager at AHP with more than 30 years of experience in nursing, healthcare education, grant coordination, and management.
- Since 2015 she has worked to spearhead SafeRx Lake County, starting seven MAT programs, and managing multiple grants for Adventist Health Clear Lake.
- Susan has developed and implemented a Healthy Lifestyle educational program, workplace wellness programs, and assisted in bringing over \$25 million into Lake County to support Behavioral Health initiatives. She is a health activist and owner of Spirit Spin Fitness Studio.



Tammy Bernstein, MPA, PMP H&SS Advisor

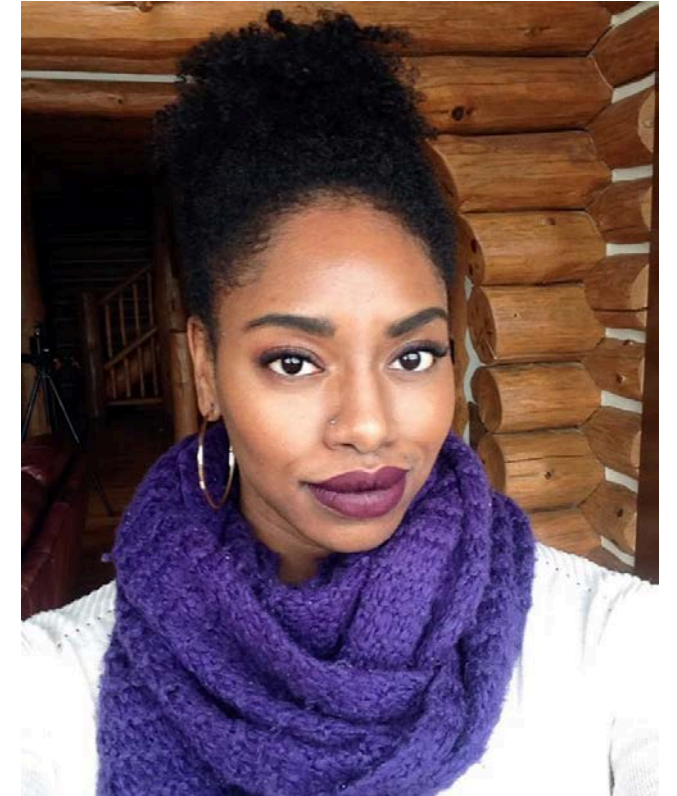
- Tammy is a senior program manager at AHP with more than 20 years of experience in project management, grant coordination, and behavioral health consulting.
- She is currently the Deputy Director for the Behavioral Health Workforce Development Project and former project manager for the H&SS SOR II work with California's Department of Health Care Services, working to expand access to MAT for underserved populations across the state.



Candice Russell

H&SS Grantee Liaison

- Candice is a senior program associate at AHP with 10 years of experience in providing equity-driven training and technical assistance (TTA) to behavioral health entities.
- She is passionate about increasing access to care for BIPOC communities and vulnerable populations and has provided wraparound TTA to entities working to improve their delivery of culturally responsive services.
- Candice served as the H&SS grantee liaison working with all SOR II H&SS grantees, as well as a grantee coach for the Youth Opioid Response California (YOR-CA) for the past two years.



Funding Opportunity Overview

The SOR III grant

- Supports California's Medication Assisted Treatment (MAT) Expansion Project;
- Addresses the opioid and stimulant use disorder crises by
 - improving access to treatment,
 - reducing unmet treatment needs, and
 - reducing opioid and stimulant-related overdose deaths; and
- Supports the provision of prevention, treatment, harm reduction, and recovery service activities.



Funding Opportunity Overview

Background

- Component of the MAT Expansion Project that consists of NTPs or other MAT providers (known as Hubs) and federally approved DATA 2000 waived prescribers (known as Spokes) that provide ongoing OUD/SUD care and treatment.
- This RFA will enhance and expand the current CA H&SS cohort and will be organized on a regional basis throughout California. While current CA H&SS grantees are eligible to apply, new applicants will have equal opportunity in being awarded grant funding.



Funding Opportunity Overview

- Applications are due on November 30, 2022, by 5 p.m. PT.
- The period of performance will be from January 1, 2023, to June 30, 2024 (18 months).
- Statewide in California.
- Interested entities must submit their completed applications via AHP Application Portal, powered by SurveyMonkey Apply.
- Successful applicants will be MAT providers that are currently authorized to administer MAT by California Medi-Cal.
- Equal opportunity exists for new applicants and existing CA H&SS grantees. Those who provide services to underserved geographic or demographic groups are encouraged to apply.



Purpose

1. Improve access to MAT for marginalized populations.
2. Improve MAT provider infrastructure, including appropriate telehealth services and expanded service hours.
3. Broaden the concept of the patient population from the individual to include the family to maximize recovery capital, support family resilience, and destigmatize treatment.
4. Promote the full continuum of care for MAT and support adequate and diverse staffing, specifically including Peer Recovery Support Specialists for this expanded programming in coordination with the California Youth Opioid Response (YOR California) and Behavioral Health Workforce Development (BHWD) programs.

Eligibility

- For-profit and nonprofit (501(c)(3)) Medi-Cal providers licensed to provide medication for opioid use disorder (MOUD) services are eligible to apply.
- Funding will support the development and implementation of “Hubs,” which may be narcotic treatment programs (NTPs) or other MAT providers.
- Both Hubs and Spokes are expected to provide high quality onsite care, outreach to underserved and marginalized individuals with OUD, and referrals to integrated mental health care as part of the H&SS.
- Applicants must be physically located in California and able to provide evidence of delivering services in the state.
- Applicants must be authorized to provide MAT in California.

Activities

1. Harm reduction programming in tandem with community education and outreach.
2. Programming for family members and youth in coordination with family-focused services.
3. Increased support for innovative models to serve individuals experiencing homelessness.
4. Collaboration with county behavioral health care agencies and other OUD/SUD providers that are now required to offer MAT or immediate referrals to MAT to decrease MAT access barriers.

Hub Activities

- Assessment and diagnosis of an OUD or stimulant use disorder;
- Counseling;
- HIV and Hepatitis C Virus (HCV) testing and referral to appropriate services;
- Case management, including coordination of referrals for housing, insurance, entitlements such as food or income assistance, and travel needs;
- Professional medical, social work, and mental health services, offered to patients onsite as allowable with SOR III funding or by referral;
- Recovery and/or peer support services;
- Local access to maternal addiction treatment, either onsite or by referral, to include at a minimum universal prenatal screening for alcohol and drug use, counseling, case management, and MAT. Maternal addiction services may be provided in-person or by telehealth providers, and should include collaborative management with a delivery facility capable of treating infants with neonatal abstinence syndrome;
- Prescribing and dispensing methadone;
- Prescribing and dispensing buprenorphine for clinically complex patients;

Hub Activities

- Checking the prescription drug monitoring program database (the Controlled Substance Utilization Review and Evaluation System, or CURES) initially and every four months following that, and documenting these actions in the chart;
- Ensuring patients and family members have a prescription and training for naloxone;
- Providing support to the Spokes on buprenorphine inductions and clinical or programmatic advice;
- Implementing or intending to implement telehealth treatment and recovery services;
- Transferring to Spokes patients who require different types of services;
- Assisting with health insurance applications and enrollment for eligible, uninsured patients (An eligible individual must obtain Medi-Cal to cover the cost of eligible services. Grant funds made available under this Agreement shall not be used to pay for services covered by Medi-Cal for individuals who qualify for Medi-Cal but do not apply);
- Determining whether an individual may be eligible for other benefits, including those available for veterans or seniors;
- Complying with all grant funding limitations and restrictions; and
- Ensuring that family members are included in recovery planning.

Spoke Activities

- Providing ongoing care for patients with milder addiction as determined by the Treatment Needs Questionnaire;
- Managing induction and maintenance;
- Monitoring adherence to treatment, conducting drug screenings, and coordinating access to recovery supports;
- Collecting minimal data elements, including numbers of patients in care and retention in treatment;
- Adhering to standards of care for managing patients on buprenorphine;
- Providing or referring patients to counseling services;
- Checking the prescription drug monitoring program database (the Controlled Substance Utilization Review and Evaluation System, or CURES) initially and every four months following that, and documenting these actions in the chart;

Spoke Activities

- Prescribing buprenorphine formulations;
- Ensuring patients have a prescription for naloxone;
- Complying with all grant funding limitations and restrictions;
- Transferring patients to Hubs who require a different level and type of care;
- Assisting with health insurance applications and enrollment for eligible, uninsured patients (An eligible individual must obtain Medi-Cal to cover the cost of eligible services. Grant funds made available under this Agreement shall not be used to pay for services covered by Medi-Cal for individuals who qualify for Medi-Cal but do not apply);
- Implementing telehealth treatment and recovery services; and
- Ensuring that family members are included in recovery planning.

Requirements

- Competent assessment, delivery, and monitoring of MAT to patients;
- Incorporation of state-certified peer recovery support specialists into MAT service delivery;
- Harm reduction strategies and outreach;
- Culturally appropriate and accessible services, including telehealth, to meet the needs of diverse and marginalized communities affected by the ongoing opioid and stimulant epidemics in California;
- Responsiveness to value-based payment programming;
- Incorporation of family members into case planning;
- Administration of GPRA surveys;
- Data collection and entry into an interactive CA H&SS database;
- Data collection for the UCLA Integrated Substance Abuse Programs (UCLA-ISAP) statewide evaluation;
- Engagement with substance use navigators to improve care referral practices; and
- Capacity to interface with other Hubs and Spokes in the statewide CA H&SS.

Funding Information

Project Budget

Grant awards will be dependent on projected patients served and type of MAT provided. The estimated maximum award is \$1 million annually for providers with high patient caseloads. Funding justification will be based on demonstrated history of patient caseloads and type of care provided.

Base Funding Structure

SOR III is funding of last resort. Patients in need of MAT services who are eligible for other funding sources, such as insurance or Medi-Cal, must be supported to access other funding streams. All eligible entities should identify their base funding costs for delivering MAT services to patients and reflect such costs in the budget worksheet as part of the application. The following costs must be identified as part of an organization's base funding:

- Staffing to deliver MAT services, including counseling
- Medication costs
- Transportation to support patient access to MAT care
- Equipment, such as lockboxes, methadone pumps, etc.
- Outreach and education efforts to reduce MAT stigma and increase awareness of services
- Harm reduction strategies

Allowable Costs

The following are examples of allowable costs. This is not a complete list of possible funding uses.

- Costs for planning and implementing
- U.S. Food and Drug Administration (FDA)-approved medications or devices for OUD treatment and withdrawal management
- Establishment of equitable personnel management practices for successful operation of diversely staffed and sustainable organization providing behavioral health services
- IT and telehealth infrastructure and equipment, including cell phones, hotspots, and internet subscriptions (Client hardware may not be funded.)
- Urine drug screening/testing
- GPRA 6-month and discharge survey incentives
- HIV and Hepatitis C testing
- Hepatitis A & B testing and vaccination
- Time/expenses related to data collection activities (up to 2 percent of total grant award)
- Patient outreach/engagement activities and resources, including advertising costs directly related to contracted services
- Other costs allowable under SOR III funding

Mandatory Participation

CA H&SS Implementation Plan

- The H&SS implementation plan will identify specific objectives, action steps, timelines, assigned personnel, planned outcomes, and internal performance measures.

TTA

Learning Collaborative (LC) Meetings

Grantees will participate in online regional and statewide LC sessions. LCs are expected to occur quarterly and will be specified after grantee awards are issued. Each organization must send at least two representatives to each LC.

Webinars and Coaching Calls

In addition to the LC meetings, grantee organizations will participate in individual and/or regional coaching calls no less than once per quarter and attend a minimum of four (4) webinars annually. AHP may also schedule in-person site visits at grantee service locations.

Affinity Groups

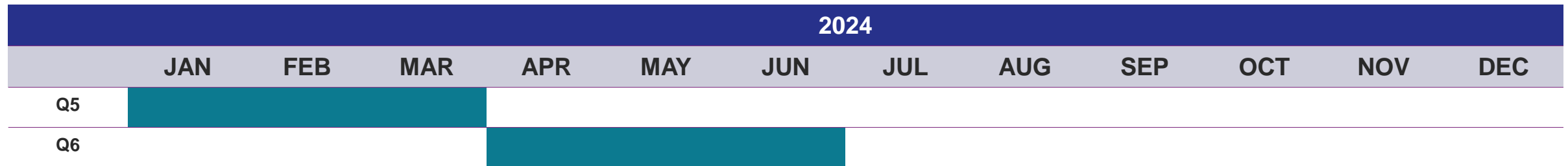
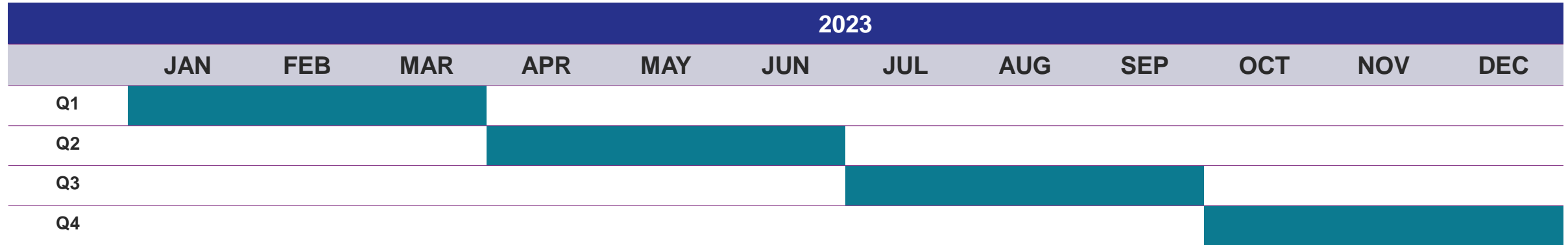
Grantees will be offered the opportunity to interact virtually in facilitated small groups with other grantees focusing on similar issues. These groups will be venues for shared problem-solving, collaborative regional work, and innovation hubs to enhance grantees' exposure and engagement in building and growing California's H&SS.

Data and Reporting Requirements

Participants must comply with any and all federal or state data reporting requirements. In addition, grantees will be required to access the H&SS website and data portal for resources and reports and to submit:

- Quarterly progress reports documenting progress on completion of scope of work; and
- Additional data reports, at request of AHP/DHCS, to UCLA-ISAP for statewide evaluation of MAT activities, as well as submission of GPRA intake, follow-up, and discharge surveys.

Reporting Timeline



QUARTER	PERIOD	DUE DATE
Quarter 1	01/01/2023 – 03/31/2023	04/15/2023
Quarter 2	04/01/2023 – 06/30/2023	07/15/2023
Quarter 3	07/01/2023 – 09/30/2023	10/15/2023
Quarter 4	10/01/2023 – 12/31/2023	01/15/2024
Quarter 5	01/01/2024 – 03/31/2024	04/15/2024
Quarter 6	04/01/2024 – 06/30/2024	06/30/2024

Application Instructions

Preparing to Apply

If your organization wants to be a H&SS grantee at multiple sites, [you](#) **MUST submit an individual application for each location** for which your organization is requesting funding.

Below are suggested steps to help you determine whether to apply and how to prepare your application.

1. Print the RFA and “Application Worksheet.”
2. Consider these questions:
 - a. Does our organization meet all the Eligibility Criteria?
 - b. Is our organization able to effectively use these funds and technical assistance opportunities?
3. If the answers are “yes,” identify who is going to work on the application and develop a timeline for how to respond to the RFA and submit on time. **DO NOT WAIT UNTIL THE LAST MINUTE!**
4. Attend the informational webinar. [Register here](#) or listen to the recording.
5. Identify any questions that you have and submit the questions no later than November 8, 2022.
6. Be sure your application and budget plans fit within the scope and funding restrictions described in this RFA.
7. Use the worksheet to prepare your answers. (Start early!)
8. Copy and paste your worksheet answers within the character limit into the online application. The application will autosave your work. Do NOT press “Submit” until your application is complete.
9. Submit the online application no later than 5:00 p.m. Pacific Time (PT) on November 30, 2022. Please allow time for unexpected technical difficulties. **Do not wait until the last minute. Late applications cannot be accepted.** If you have questions about your application, contact SOR3AE@ahpnet.com.
10. If you have technical difficulties, click “Help” in upper right corner of SurveyMonkey Apply online application or email SOR3AE@ahpnet.com.

Online Application

- The entire CA H&SS application is contained in an online fillable form, hosted by SurveyMonkey Apply. Instructions to complete the fillable form are included in the online application. The online application must be completed in full and submitted by 5 p.m. PT on November 30, 2022.
- It is the applicant's sole responsibility to ensure that their application has been successfully submitted and received. You will be able to work on your online application, save your work, and return to it at your convenience. However, once the application is submitted, no further changes can be made. Upon submission, you will receive an email confirming receipt of your application.
- https://buildingcaldata.smapply.us/prog/hub_and_spoke_system_sor_iii

Application Priority

Priority will be given to:

- Organizations operating in regions with high rates of overdose, SUD, suicide, and attempted suicide, and/or underserved communities;
- Culturally specific and culturally responsive organizations that address the needs of underserved populations; and
- Applicant agencies with bilingual/multilingual service capacity in one or more of [California's threshold languages](#).

Application Scoring Components

The online application includes four (4) components, three (3) of which are scored (Sections II, III, and IV) for a total of 100 possible points. Section I is not scored but must be completed accurately and truthfully in order to submit your application. Your responses to these application components will be used in the application scoring and selection process. The scoring criteria is described further in this RFA.

Following a technical review and scoring of each application, budgets will be reviewed to ensure costs are allowable, reasonable, and linked to the described objectives. Only applicants that meet these criteria will be considered for funding. Funding awards are merit based, with no guarantee that applicants will be awarded their full request amount. As described below, priority scoring considerations may factor into applicant awards to ensure an optimal distribution of grantees statewide.

Funding decisions are at the sole discretion of AHP and subject to DHCS approval. There is no appeal process. AHP staff are not available to discuss the merits of any proposal not recommended for funding.

- **Section I. Applicant Organization Form and Attestations (0 points)**
- **Section II. Applicant Organization Program Description (50 points)**
- **Section III. H&SS SOR III Management and Staffing (28 points)**
- **Section IV. Budget Planning and Caseload (22 points)**

Budget

- The applicant must provide a completed budget template.
- The applicant must provide background on their MAT patient caseload for the previous two (2) years (FY 2020-21 and FY 2021-22) and prospective caseload for SOR III period of performance (January 1, 2023 - June 30, 2024) using the worksheet provided.
- The applicant must describe their patient population's payment mix and their organization's ability to support Medi-Cal-eligible patients to enroll in Medi-Cal.
- Applicants are NOT required to request funds under each budget category. However, all personnel, including subcontractors, consultants, etc., must be included.

Q and A

The entire CA H&SS application is contained in an online fillable form, hosted by SurveyMonkey Apply. Use our application link https://buildingcaldata.smapply.us/prog/hub_and_spoke_system_sor_iii to access the online application.

